

**Waukesha County
Alcohol Treatment
Court
Policy and
Procedure
Manual**

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**WAUKESHA COUNTY
ALCOHOL TREATMENT COURT PLANNING
INITIATIVE POLICIES AND PROCEDURES
MANUAL**

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PLANNING TEAM

Planning for Waukesha County's Alcohol Treatment Court (ATC) began in 2004 at the direction of the Criminal Justice Collaborating Council (CJCC). A Federal grant was obtained that allowed the following individuals to receive training at three sites: Phoenix, Arizona; East Lansing, Michigan; and Albuquerque, New Mexico. Those individuals attending include

CJCC Coordinator:	Michelle Cyrulik
Chief Judge:	Honorable Kathryn Foster
County Board Chairman:	Jim Dwyer
District Attorney:	Paul Bucher
Public Defender:	Sam Benedict
Treatment Representative:	Mike DeMares, Waukesha County Human Services
Research/Evaluation:	Bob Gibson
Probation/Department of Corrections:	Karl Held
Clerk of Courts:	Carolyn Evenson
Law Enforcement:	Chief Bob Douglas, Chenequa Police Department

MISSION STATEMENT

The Mission of the Waukesha County Alcohol Treatment Court (ATC) is to reduce the number of repeat drunk drivers (OWI) by allowing OWI offenders to participate in alcohol and other substance abuse treatment under strict judicial and community supervision. The ATC will use community and justice system resources in a cost effective and efficient manner while holding offenders accountable and enhancing public safety.

PROGRAM STRUCTURE

Available data indicates that Waukesha County's primary drug of abuse is alcohol. In response, the Waukesha Criminal Justice Collaborating Council (CJCC) has developed a voluntary, postadjudication specialty court to reduce OWI recidivism by requiring third time OWI offenders to participate in substance abuse treatment under strict judicial and community supervision. The ATC is a four phase program consisting of intensive supervision of participants by supervision case managers, frequent appearances before the ATC Judge, mandatory individualized drug and alcohol treatment, regular attendance at self-help support meetings (AA, NA, Women for Sobriety, SMART Recovery, etc..) and random drug and alcohol testing.

Assessment:

The Addiction Resource Council (ARC) will conduct an intoxicated driver alcohol and other drug assessment on each participant to make a diagnostic impression and determine the Driver Safety Plan's level of care on an individual basis. Following the assessment, ARC will provide defendants with a list of treatment providers that have been approved by Waukesha County's Interagency Committee for the Intoxicated Driver (IPID). Wisconsin Community Services (WCS) Pretrial Supervision Program for the Intoxicated Driver will supervise defendants until the case is adjudicated and the defendant chooses to officially enter alcohol treatment court. If the defendant declines participation in the program, he or she will be sentenced pursuant to existing OWI guidelines.

OVERVIEW OF PROGRAM

	PHASE I 60 Days*	PHASE II 90 Days*	PHASE III 90 Days*	PHASE IV 120 Days*
Judicial Component	Court Appearance Every Two Weeks Staffing Every Two Weeks Sanctions Incentives Phase Advancement	Court Appearance Every Four Weeks Staffing Every Four Weeks Sanctions Incentives Phase Advancement	Court Appearance Every Four Weeks Staffing Every Four Weeks Sanctions Incentives Phase Advancement	Court Appearance Every Eight Weeks Staffing Every Eight Weeks Review of Aftercare Plan Sanctions Incentives Phase Advancement
Supervision Component	Screening Supervision Appointments Weekly (one appt/month is home visit) Monitoring Sanctions Incentives Victim Impact Panel (If not previously attended)	Supervision Appointments Twice/Monthly Monitoring Sanctions Incentives Victim Impact Panel (If not previously attended)	Supervision Appointments Twice/Monthly Monitoring Sanctions Incentives Victim Impact Panel (If not previously attended)	Supervision Appointments Once/Monthly Monitoring Sanctions Incentives Pre-Graduation Conference Exit Interview
Treatment Component	Assessment Treatment Referral Treatment Planning Attend at Least 2 Self-help Sessions/Week Obtain Self-help Sponsor Counseling and Other Collateral Services as Identified in Treatment Plan	Ongoing Reassessment Counseling and Other Collateral Services as Identified in Treatment Plan Attend at Least 2 Self-help Sessions/Week	Ongoing Reassessment Counseling and Other Collateral Services as Identified in Treatment Plan Attend at Least 2 Self-help Sessions/Week	Ongoing Reassessment Counseling and Other Collateral Services as Identified in Treatment Plan Develop Aftercare Plan Attend at Least 2 Self-help Sessions/Week Alumni Program Initiation
Testing Component	Breath/Blood Alcohol Testing at least twice weekly Remote Alcohol Monitoring (SCRAM) Drug Screening as Directed by Supervision and Treatment Providers	Breath/Blood Alcohol Testing at least once weekly Remote Alcohol Monitoring (SCRAM) Drug Screening as Directed by Supervision and Treatment Providers	Breath/Blood Alcohol Testing at least once weekly Remote Alcohol Monitoring (SCRAM) Drug Screening as Directed by Supervision and Treatment Providers	Breath/Blood Alcohol Testing at least once weekly Drug Screening as Directed by Supervision and Treatment Providers
Legal Component	Prosecution and Defense Represented at Staffing and Court Sessions	Prosecution and Defense Represented at Staffing and Court Sessions	Prosecution and Defense Represented at Staffing and Court Sessions	Prosecution and Defense Represented at Staffing and Court Sessions

**All program components represent minimum requirements. Phase length represents minimum time frame required to complete. It is expected that most participants will remain in Alcohol Treatment Court for 12 months.*

GOALS AND OBJECTIVES

The goals of the Waukesha County Alcohol Treatment Court Program are:

- Reduce OWI recidivism.
- Greater accountability of the offender.
- To provide legal incentives for offenders to participate in and successfully meet the goals and objectives of the treatment court
- To link participants to community-based treatment as soon as possible after arrest.
- To provide comprehensive assessment and individualized treatment and case planning.
- To provide needed treatment, case management and support services with judicial oversight and participation.
- Break the cycle of self-destructive behavior among program participants.
- Increase access to substance abuse treatment.
- Increase treatment retention and the length of treatment provided.
- To maximize the success rate of treatment court participants by addressing a wide range of participant needs through comprehensive clinical assessment and effective case management.
- To increase the number of gainfully employed participants and improve job retention among participants.
- Provide the court system with increased follow-up information.
- Increase community support for treatment of individuals with substance abuse problems.
- Save money while still providing for the public's safety.
- Development of interventions and immediate response to relapse behaviors.
- Increase natural support systems for offenders.
- Provide treatment for offenders in a way that helps preserve the family unit.
- Greater use of community options rather than jail.
- Provide a balance of treatment and sanctions to encourage program and treatment completion and compliance.
- To conduct ongoing review and evaluation of program effectiveness.

TARGET POPULATION

The Waukesha County Alcohol Treatment Court Program has identified individuals charged with a third offense for operating while intoxicated as the target population for this program.

ELIGIBILITY CRITERIA

Eligibility criteria for the Waukesha County Alcohol Treatment Court Program include (As determined by the District Attorney and ATC Judge):

- 18 years of age or older
- Waukesha County resident at the time of admission to program
- Have plead guilty to Third OWI offense
- No prior **VIOLENT** felony convictions
- Volunteer to enroll

TREATMENT COURT ENTRY PROCESS

Fast track:

Any OWI driver that is arrested will have their initial appearance within one week before the court commissioner.

At the initial appearance, the defendant will be advised of initial eligibility for the program by the district attorney. The ATC Judge can review an initial determination of non-eligibility at anytime.

The case will then be scheduled before the ATC Judge in approximately two weeks.

Prior to the first appearance in front of the ATC Judge, the Addiction Resource Council (ARC) will conduct a preliminary alcohol and other drug (AODA) assessment on each defendant. That appointment should be made within 72 hours of their initial appearance. Wisconsin Community Services (WCS) Pretrial Supervision Program for the Intoxicated Driver will supervise defendants until the case is adjudicated and the defendant officially enters alcohol treatment court.

Brochures will be available at the initial appearance and are otherwise available in the Criminal Traffic Division in Room C-226.

TREATMENT COURT PHASES

Phase I

The first phase of the program is the most intensive of the four phases. Phase I lasts a minimum of 60 days. Completion of this Phase will result in advancement to Phase II. During Phase I participants are required to meet, in person, with their Supervision Case Manager at least once per week. Frequency of meetings may be increased if the participant has a violation of program rules, including a positive test for alcohol or other drugs. The Supervision Case Manager will conduct at least one visit per month to the participant's home.

In addition to weekly meetings with the Supervision Case Manager, participants will be required to appear before the ATC judge every two weeks. Prior to each court appearance a non-public staffing will occur in the ATC judge's chambers: Present at the staffing will be the ATC Judge, the ATC Coordinator and Supervision Case Manager. The participant's attorney, district attorney and treatment provider are all welcome to attend as well. The Supervision Case Manager will present a written report to the court by noon the day before the staffing. Copies of the report will be provided to the treatment provider, participant and the participant's attorney.

Participants will have already met with their treatment provider and developed an individualized treatment plan which may range from residential to outpatient therapy and may include but is not limited to anger management, gender specific and responsive treatment, age appropriate and specific treatment, violence prevention, dual diagnosis, cognitive behavioral treatment, group, individual and/or family therapy, relapse prevention, aftercare programming, education groups, co-occurring disorder treatment and more.

The Supervision Case Manager will not only manage the participant's individualized treatment plan but also monitor the participant's referral and participation in collateral services including maintaining/obtaining employment, enrollment in school, mental/medical care issues and the payment of financial obligations related to the offense and ATC participation. Participants are also required to attend at least two self-help group meetings each week for the duration of the program.

Random breath/blood alcohol testing will occur at least twice weekly throughout Phase I. Testing will be conducted by either the treatment provider or the Supervision Case Manager or jail officials. Reports of all tests will be logged and provided to the Court. Positive tests will be immediately reported to the Case Manager; who will inform the other members of the team.

Phase II

Phase II will last a minimum of 90 days. The requirements for Phase II are similar to the requirements of Phase I but with decreased frequency of contacts with the Case Manager and the ATC. Completion of this Phase will result in advancement to Phase III.

In Phase II participants are required to appear before the ATC judge once every four weeks and to meet with the Case Manager once every two weeks. Treatment requirements will vary based upon each individualized treatment plan and drug/alcohol testing will continue as before with at least one random test weekly. During Phase II the treatment provider will conduct ongoing reassessment and counseling services as identified in the treatment plan. Treatment plan revisions and reassessments will be forwarded to the Case Manager.

The Case Manager will continue to monitor referrals to and participation in all collateral services as in Phase I. During Phase II the participant will be required to attend a Victim Impact Panel unless they have previously attended a panel during Phase I.

In addition to two meetings per month with the Case Manager, participants will be required to appear before the ATC Judge every four weeks. Prior to each court appearance a staffing will occur in the ATC judge's chambers. Staffings will occur in the same manner as in Phase I.

Random breath/blood alcohol testing will occur at least weekly throughout Phase II in the same manner as in Phase I.

Phase III

Phase III will last a minimum of 90 days. The requirements for Phase III are similar to the requirements of Phase II but with decreased frequency of contacts. Completion of this Phase will result in advancement to Phase IV.

In addition to monthly meetings with the Supervision Case Manager, participants will be required to appear before the ATC judge every four weeks. Prior to each court appearance a staffing will occur as outlined in Phase I.

The Supervision Case Manager will meet with the participant once a month and will continue to not only manage the participants individualized treatment plan but also monitor the participants referral and participation in collateral services including maintaining/obtaining employment, enrollment in school, and the payment of financial obligations related to ATC participation. Participants are also required to attend at least two self-help support meetings each week for the duration of the program.

Random drug/alcohol testing will continue with decreased frequency.

Phase IV

Phase IV will last a minimum of 120 days.

Upon successful completion of the first three phases of the ATC, participants will meet with their treatment provider to begin the development of their aftercare plan. An alumni association will be created for graduates of the ATC. All participants will continue to meet with the Supervision Case Manager every four weeks.

In addition to one monthly meeting with the Supervision Case Manager, participants will be required to appear before the ATC judge every eight weeks. Prior to each court appearance a staffing will occur in the ATC judge's chambers as in the other 3 phases.

The Supervision Case Manager will continue to manage all phases of the participant's treatment.

Random breath/blood alcohol testing will occur as deemed necessary by the treatment provider and Supervision Case Manager.

During Phase IV the participant will also participate in a pre-graduation conference and an exit interview. During Phase IV the participant will also begin participating in the Alumni Program Initiation.

COMMENCEMENT CRITERIA

1. ***NO positive urinalysis or breath test within 3 months of commencement.***

If a participant has a positive drug test within 3 months of his or her anticipated graduation date, they will receive a Phase reduction back to Phase III.

2. ***NO missed urinalysis or breath test within three months of commencement.***

If a participant misses any random or scheduled drug tests during the last three months of the Treatment Court contract, their contract will be extended one week. If the participant has two or more missed drug tests during the last three months of the Treatment Court contract their contract will be extended for three months from the date of the most recent missed test.

3. ***NO missed treatment, check-in or case management meeting.***

A missed treatment, check-in or case management meeting will NOT be automatic grounds for denying graduation if treatment was successfully completed. However, other sanctions will be used for missed check-in and case management meetings. The ATC reserves the discretion to determine whether the contract has been successfully completed so as to entitle the participant to graduate.

4. ***Complete all 4 phases of the program.***

The participant must complete the 4 phases of the program. This may include commencement of aftercare services if deemed appropriate and necessary by the treatment provider and case manager. Many participants may be involved in continuing individual therapy, participation in aftercare or regular attendance at support groups at the time of graduation. Completion of treatment includes making progress on case plan goals which, in addition to AODA treatment may include: legal, employment, education, financial/money management, housing, medical concerns, mental health treatment, family/relationship issues and community support.

The participant will attend all recommended aftercare and have also planned for and put in place an informal support network consisting of self-help support meeting, family and/or friends and other community ties such as volunteer work, participation in church, health and wellness plan, etc...

5. ***Has paid all financial obligations associated with the offense;***
i.e.: fines, cost, attorney fees and treatment costs.

INCENTIVES AND SANCTIONS

The Waukesha County Alcohol Treatment Court Program uses a series of sanctions to hold participants accountable for program violations. The determination to use or not use sanctions is a collective decision made at the time of the case staffing.

The Case manager, treatment provider, prosecutor, and the ATC Judge will try to use sanctions, which are incremental from one violation to the next and also use sanctions designed to focus on meeting particular treatment goals. Such sanctions may be suggested by the case manager or treatment provider, and also by the Treatment Court participant whose behavior is at issue.

Behaviors or actions that either strongly support or violate participants' treatment or supervision plans could result in either a sanction or an incentive in any phase of the program. The use of graduated incentives and sanctions are a fundamental element of the ATC and will be applied along an established protocol that specifically gives incentive/sanction levels for various actions.

Guidelines for Sanctions

Sanctions are established with the following in mind:

1. To maintain the integrity of the ATC Program as a firm dispositional alternative;
2. To minimize subjective evaluation of violations;
3. To foster fairness and consistency in the application of sanctions;
4. To sustain accountability for participants;
5. To create predictability in the imposition of sanctions, and in turn, greater deterrence to future violations; and,
6. To retain flexibility in determining sanctions without detracting from the above stated goals of firmness, fairness, accountability and predictability.
7. To meet the needs of the individual participant

SANCTIONS

Sanctions that MAY be used:

- Time in jail with or without Huber
- Extended time spent in a current phase
- Increased frequency of court appearances
- More urine screens and/or breath tests (24/7)
- More Self-help support meetings
- More home/office visits
- Increased contacts with Supervision Case Manager
- Public reprimand
- Community service
- Verbal warning
- Phase demotion
- Electronic Monitoring System/Bracelet
- Placement at the end of docket during court sessions
- Individually Tailored Sanctions:

Note: Case managers and treatment providers may also respond to violations with increasing frequency of required urinalyses and/or breath tests and/or meetings and/or increasing intensity of treatment.

Why sanctions MAY be imposed:

- New arrest of any kind
- Driving without valid license
- Using alcohol or other controlled substances/positive drug test result
- Missing urinalysis
- Missing treatment
- Missing case management appointments
- Missing check-ins
- Missing court
- Behavior inconsistent with a commitment to meeting treatment court goals
- Tardy/Missing sessions with the treatment provider

TERMINATION

The following may result in *termination* from the program:

- Arrest for a new OWI charge
- Arrest on probable cause for a felony
- Arrest on probable cause for a violent misdemeanor
- Arrest for any aggravated operating while intoxicated charge (e.g. causing injury or death, with a minor passenger, etc...)

Sanctions for Positive Alcohol/Drug Test

- Phase reduction
- SCRAM~electronic monitoring system
- Work release
- Jail
- Community service
- Increased level of treatment
- Increased attendance at self-help support groups

Positive Drug/Alcohol Test Definition:

A single use of alcohol, controlled substance, or a prescription medication prescribed for another, obtained by fraud or doctor shopping, or in violation of a drug contract counts as one violation. Use occurring before Alcohol Treatment Court entry, which is evidenced after entry counts as one violation. Use of a prescription medication prescribed for the participant by a doctor is **NOT** a violation if staff is informed of the prescription immediately and approves the drug's use and the prescription is for a legitimate medical condition. (Positive drug tests showing declining levels may be considered one violation by the court.) Any diluted specimen or inability to provide a specimen will be counted as a positive test.

Program Violations

When the Case manager or Program Coordinator perceives a participant has not met a program requirement, the participant's case manager will investigate the alleged violation or do a case review. If an informal resolution is not appropriate, a program violation will be submitted as part of the ATC staffing process.

INCENTIVES

1. Reduced time in jail
2. Graduation to next phase
3. Praise from the Court
4. Case called early during ATC sessions
5. Longer time between court appearances
6. Reduction in Community Service Hours if ordered
7. Certificates of Completion
8. Coins/tokens or other items
9. Gift Certificates (Restaurants, book stores, etc.)
10. Reduced time on Electronic Monitoring System
11. Early Graduation
12. Tickets to local plays/shows/musical events

****There maybe additional incentives added at anytime during the participants involvement in the program.****

TESTING PROTOCOL

A critical component of successful Alcohol Treatment Court participation involves intense supervision and random testing to determine compliance with the rules of the Alcohol Treatment Court Program. The Case Manager will schedule when the testing will occur. Primary testing responsibility will be shared between AODA and the Case Manager; however, the Alcohol Treatment Court Judge, the Alcohol Treatment Court Coordinator, the Department of Corrections, any Treatment Providers, the Waukesha County Department of Human Services, and any law enforcement officer working at the direction of the Treatment Court Team may request testing of the ATC Participant at any time.

Each participant is subject to a variety of methods used to test for the presence of the unauthorized use of alcohol or controlled substances. Accordingly, each Alcohol Treatment Court participant will be subject to the following minimum supervision/testing schedule:

PHASE I

Random alcohol/drug testing twice per week including breath, blood and urine.

Home visits at least once per month.

Minimum of 30 days in jail or SCRAM or Electronic monitoring as ordered by the Court.

PHASE II, III, IV

Breath, Blood and urinalysis will continue at a less frequent rate but at anytime at the request of the ATC.

SCRAM or Electronic monitoring as needed and as ordered by the Court.

Prior to producing the sample, the Alcohol Treatment Court Participant will be asked whether or not the test will be positive. If the ATC participant acknowledges that the test will be positive, it will be considered a positive test, and the test may or may not take place. If the ATC participant indicates the test will be negative but the test is found to be positive, the ATC participant will receive an appropriate sanction from the ATC Judge.

Management Information System (MIS) and ATC Evaluation

The Waukesha County Alcohol Treatment Court Management Information System (MIS) process and outcome evaluations are integral to one another in order to properly operate, manage, and evaluate the alcohol treatment court. The process and outcome evaluations are then described in the sections that follow the MIS plan. These evaluations will be conducted using an independent evaluator, Dr. Matthew Hiller a professor in the Department of Criminal Justice at Temple University.

Management Information System (MIS) Description

Data collection, storage, and maintenance. An automated electronic MIS will be used to collect and store all data from the Waukesha County ATC participants for program planning, operations and management, and for process and outcome evaluations. This will include data on the:

- (a) Characteristics of persons admitted to the program (e.g., date of arrest, date of admission to the program, age, sex/gender, race/ethnicity, family status, employment status, education level, current charge, criminal history, drug use history, alcohol and other drug treatment history, mental health treatment history, medical needs, nature and severity of substance abuse problems, and treatment recommendations,
- (b) Census and case flow information (e.g., # of active participants, # of participants active in each phase of the program, average length of stay in the program),
- (c) Service delivery (e.g., types of treatment provided, treatment session attendance, attendance at court hearings), and
- (d) During-program outcome indicators and program management information (e.g., number of participants who terminate from the program, reasons for termination, and length of time in program before termination, participant ATC failure to appear rate, bench warrants, participant number and types of re-arrests, community service hours completed, fines and fees paid, program sanctions, participant drug test history while in the program, costs of ATC operations, and accomplishments of ATC participants including gaining employment, family reunifications, and births of alcohol-and drug-free babies). These data will be updated on a daily basis by the ATC staff and regular reports (e.g., active program census, number and characteristics of those who have terminated from the program,

comparability of target population to overall court population, aggregated results from urine drug tests and breathalyzers, aggregated treatment services delivery) will be available for continued quality assurance and monitoring of program operations.

Data sharing plans. Data will be collected and maintained in the MIS from a variety of sources, including standardized clinical assessments, results from drug tests and breathalyzer results, court records, and chronological notes collected by ATC case managers. The majority of these data are generated and collected by court staff and will not require data sharing agreements, but when data are collected by ATC staff from external sources, the court will negotiate agreements with these agencies for sharing data in a manner that adheres to federal regulations like 42 CFR that protect the confidentiality of the information of alcohol and drug abusers in treatment.

Flexibility of the MIS for evaluations. The quantitative data essential to the process evaluation will be collected and stored in the MIS. All of this information will enable the independent evaluator to have access to high quality data needed for developing reports for both process and outcome evaluations. For example, this information will be used to develop an in-depth profile of the ATC participants, including demographic profiles, alcohol and drug use treatment histories, and criminal histories. It also will enable the development of in-depth analysis of court operations and allow a wide variety of analyses to determine for whom the ATC has the greatest impact and to identify groups that need additional services to improve outcomes.

Process Evaluation An in-depth process evaluation is needed to monitor on-going program operations, describe the implementation of and modifications to the program, and examine during-program indicators of participant improvement. As a part of this, careful attention will be paid to the extent to which the program is implemented in accord with the 10 Key Components outlined in Defining Alcohol Treatment Courts: The Key Components as well as to the specific goals of the ATC team, above. In addition, a focus group will be held each year with the ATC team to discuss the existing goals, modifications needed on goals, and progress towards goals.

Data collection. In addition to the MIS data, information also will be collected for the process evaluation through (a) interviews, (b) focus groups, and (c) participant observations.

- (a) Interviews. A set of structured interview instruments that collect data from ATC team members. These interviews capture data on the target population, screening and assessment, goals, program structure, recruitment, capacity, length of the

program, ancillary services, supervision level, graduated sanctions and incentives, treatment services, and community organization involvement.

- (b) Focus groups. Focus groups also will be conducted with the ATC team members to synthesize a comprehensive description of program elements using a “logic model” approach.
- (c) Participant observations. A descriptive analysis of the ATC sessions will be made through direct observation of multiple ATC sessions (including pre-court staffings) using a protocol described by Satel (1998).

Process evaluation questions. This process evaluation will establish a feedback loop for improving the quality and efficiency of the ATC. It will provide useful summaries that will help guide the operations of the court. In addition to providing regular feedback about the implementation of the program in line with the 10 Key Components, regular analysis will determine the extent to which the team’s goals have been realized and whether goals need to be modified or new goals established.

Outcome Evaluation Building upon the information collected during the process evaluation that describes what the program did, an outcome evaluation also will be completed to describe what the ATC accomplished. That is, what was the program’s effectiveness at reaching operational goals such as reducing recidivism among OWI offenders? The design of the proposed outcome evaluation closely follows that of other drug courts outcome evaluations (c.f., Logan, Hiller, Leukefeld, & Minton, in press; Hiller, Bryan, DuPont, 2004). Specifically, this outcome evaluation will examine the 1-year and 2-year intervals following the participants’ discharge from the ATC, and it will focus on examining:

- (a) Multiple indicators of recidivism (i.e., rearrests, reconvictions, and reincarceration),
- (b) Other outcome measures (including employment),
- (c) The comparison of multiple groups (i.e., ATC graduates, ATC non-completers, and a no-treatment comparison group), and it will make
- (d) Specific recommendations for improving outcomes.

Data collection. Recidivism data, including rearrests, new charges, case dispositions, probation violations, and reincarceration will be abstracted individually for each participant from existing official records databases maintained by Waukesha County and state court systems. This will include coding information include the date, type (e.g., property, violent, drug, or

traffic), and level (i.e., misdemeanor or felony) of arrests and charges received during the 1-year and 2-years following release from the ATC, the disposition of the case (i.e., convicted, dismissed, probated), and length of any incarcerations during the follow-up period.

Comparison of groups. Comparisons will be made on outcome indicators for ATC graduates, terminators, and a no-treatment comparison. The no-treatment comparison group will be comprised of OWI offenders who were not treated in the ATC program. This comparison group will be randomly selected from a complete list of all OWI offenders (taken from the court records) in Waukesha County for the timeframe that the program operates with funding from the BJA. Comparisons will be made to determine how comparable the groups are. Any difference between the groups (such as differences in the sociodemographic composition of the groups) will be statistically adjusted for in analytic models of OWI court outcomes.

Outcome evaluation questions. The outcome evaluation will determine the effectiveness of the ATC and will provide specific recommendations for improving the quality of the program. Comparison of recidivism, employment, and alcohol and drug use between the ATC graduates, terminators, and the comparison group will show the impact of the ATC on these indicators. Furthermore, analyses will focus on identifying participant characteristics (e.g., addiction severity, drug use severity) and ATC program components (e.g., length-of-time in the program, service delivery, judicial supervision) that predict post-ATC outcomes.

MEMORANDUMS OF UNDERSTANDING (MOUs)

There are or will be written agreements with other agencies or organizations for the provision of services.

The following is a list of current and anticipated MOUs between the ATC and various community partners:

The Waukesha County Sheriff's Department/Huber,

ATTIC Correctional Services,

Addiction Resource Council,

Wisconsin Community Services,

Local Law Enforcement Agencies,

Wisconsin Department of Corrections,

Treatment Providers,

Dr. Matthew Hiller from Temple University, and

Crowe, Chizek and Company.

ETHICS AND CONFIDENTIALITY

The ATC will adhere to all legal and ethical requirements currently required by Waukesha County, the Wisconsin Supreme Court Rules and applicable state and federal law.

MEMORANDUM OF UNDERSTANDING

Waukesha County Alcohol Treatment Court (ATC) Program

Agreement by and between the Waukesha County Sheriff's Department, District Attorney, Public Defender, Department of Correction, treatment providers, Program Coordinator, Case Manager, ATC Judge, Evaluator, Steering Committee (CJCC), Addiction Resource Council (ARC), Health and Human Services, and Wisconsin Community Services (WCS).

WHEREAS, the parties to the Agreement endorse the goals and mission of the Alcohol Treatment Court in order for participants to eliminate future criminal behavior and improve the quality of their lives. For this program to be successful, cooperation must occur within a network of systems in order to facilitate and achieve the mission of the ATC.

WHEREAS, the parties to this Agreement agree that the following should be the mission of the ATC: "Through expedited criminal court processing, application of an eighteen month alcohol treatment court program, job-training and placement services, frequent alcohol and drug testing and regular judicial supervision, participants will be removed from the criminal justice system and become drug free, productive and responsible members of their families and of the community. It is the intent of the program to reduce incarceration and enhance community protection."

WHEREAS, there are six principles under which the respective agencies will work cooperatively, and they are:

1. The Alcohol Treatment Court is an opportunity to direct participants to begin a rehabilitation process, which might ultimately lead to a reduction or elimination of their addiction and permit the development of a productive lifestyle.
2. There must be immediate intervention, which permits the treatment option to be made available at the earliest possible time while this person is still in crisis.
3. Trained staff will evaluate participants as early as possible so they can be given an opportunity to take advantage of the resource offered through ATC.
4. Participants must be accountable for their behavior and must take responsibility for ensuring their own recovery through the options made available to them by the court and the community. Participant's accountability will be enforced through written agreements. Individual service plans will be developed to address their addiction and other related problems. There will be immediate recognition for successes as well as immediate and appropriate sanctions for failure to perform.

5. An evaluation that measures the outcomes for individual participants in the process of the ATC program is essential. That part of this evaluation is an annual report distributed to all members of the Alcohol Treatment Court team setting for the incidence of recidivism among ATC graduates as derived from available justice system resources.
6. All parties will have equal access to information given to the court to the extent permitted by law.

INDIVIDUAL AGENCY REPONSIBILITIES AND STAFF COMMITMENTS

District Attorney/Prosecuting Attorney

1. The prosecuting Attorney participates fully as an Alcohol Treatment Court member, and serves on the Steering Committee.
2. The prosecutor is knowledgeable about alcoholism and addiction, is culturally sensitive, and attends all training and educational conferences

Public Defender/ Defense Counsel

1. The Public Defender's Office advises the participant as to the nature and purpose of the ATC, the rules governing participation, the consequences of abiding or failing to abide by the rules, and how participating or not participating in the alcohol treatment court will affect his or her interests.
2. The Public Defender's Office explains all of the rights that the participant will temporarily or permanently relinquish
3. The Public Defender will participate as an active member of the Alcohol Treatment Court Team
4. The Public Defender shall review the participant's progress in treatment and advocate appropriately when the client is facing sanctions for non-compliance, or at the time of sentencing should the participant be terminated from the Alcohol Treatment Court.

Addiction Resource Council

1. The Addiction Resource Council (ARC) will conduct an intoxicated driver alcohol and other drug assessment on each participant to make a diagnostic impression and determine the Driver Safety Plan's level of care.
2. ARC will then provide the participant with a list of approved treatment providers.

Department of Corrections (DOC)/Huber/Sheriff's Department

1. ATTIC Correctional Services, Inc agrees that forms with ATC participant information will be faxed to Huber prior to participant entering the Jail or Huber Facility.

2. Information regarding the date the participant will enter Huber, date and time of the next court date, home visit, client appointment with Case Manager and random testing will be included as well as Treatment provider place and time.
3. Absolute Sobriety must be maintained. If a participant is positive the participant will be sent to the main jail and the participant will be detained for 48 hours. The jail is to contact ATTIC Correctional Services regarding the sanction. Further instructions regarding the sanction will be forwarded to you.
4. When needed The Huber Facility will perform random PBT and Urinalysis on the weekend as directed by ATC Program Coordinator or Case Manager in written form or the Program Coordinator and/or Case Manager will call the Huber Facility evenings or weekends with requests for testing. Written communication will follow the next business day.
5. The Program Coordinator and/or Case Manager will contact the Huber Facility on Monday when the samples are to be available to be picked up.
6. The possible use of Police Officers to give BPT tests and/or accompany Case manager/coordinator to participants home
7. Information regarding the date the participant will enter the Jail for a sanction will be forwarded to the jail in a timely manor.
8. The Sheriff's Department will provide custody for those to entering jail as part of a sanction.
9. The Sheriff's Department, Huber and DOC will participate as an active member of Alcohol Treatment Court Team.

Alcohol Treatment Court Treatment Provider

1. The ATC treatment provider will assess participants to determine alcohol and drug related problems and readiness for treatment, educational needs, vocational assessment, medical assessment, legal assessment and screen for mental health issues.
2. The ATC treatment provider will provide individual counseling as needed/recommended.
3. The ATC treatment provider will make recommendations to the court for placement in a specified program or programs.
4. The ATC treatment provider will be monitored by the Office of Alcohol and Drug Programs.
5. The ATC treatment provider will provide a comprehensive treatment, education, and vocational counseling program to each participant.
6. The ATC treatment provider will participate as an active member of the Alcohol Treatment Court Team.

ATTIC Correctional Services

1. Attic Correctional Services will continue to adhere to all provisions listed in the Contract with Waukesha County.

Program Coordinator

1. Program Coordinator shall be responsible to interface with the governmental and criminal justice agencies, community based organizations and will be accountable for the preparation and submittal of all required monthly, quarterly and annual reports.
2. The coordinator will develop and supervise any special projects as assigned by the county, technology and program enhancements. Additionally, the coordinator will participate in State and national drug court-training activities. Attic Correctional Services routinely sends agency staff to drug court training.

Case Manager

1. The case manager is responsible for the intake of the participants.
2. The case manager monitors and encourages the participants during the course of the program.
3. The case manager maintains all participants' information.
4. The case manager provides the court with current information about participant progress.
5. The case manager is also responsible for recommending treatment changes to the Court.

ATC Judge

1. The judge plays a continuous role in the reviewing the treatment process. The judge responds to each participant's positive efforts and noncompliant behavior.
2. At all times a Judge is designated as the "Alcohol Treatment Court Judge." The designation will be long enough to ensure reasonable continuity and the opportunity for the Judge to become conversant with the ATC procedures and protocols.
3. The judge presides over the ATC session and staffing
4. The judge works with the Steering Committee on program structure and operation and is a member of the Alcohol Treatment Court Team. The judge is knowledgeable about alcoholism and addiction and sensitive to cultural issues. The judge attends all training educational conferences.
5. The judge meets weekly with the ATC Team and is actively involved in determining appropriate sanctions and incentives.

Steering Committee

1. The Steering Committee is the Criminal Justice Collaborating Council (CJCC) and meets on the third Wednesday of every other month.
2. The Steering Committee consults with the ATC regarding the design, implementation, operation, and improvement of the Alcohol Treatment Court. The committee reviews outcome, and quality data and makes recommendations regarding service and efficiency.

Evaluator

1. An independent evaluator from Temple University will be contracted for both process and outcome evaluation. Dr. Matthew Hiller is a professor in the department of criminal justice at Temple University.

Wisconsin Community Services (WCS)

1. WCS Pretrial Supervision Program for the Intoxicated Driver will supervise participants until the case is adjudicated and the participant officially enters Alcohol Treatment Court.

All agencies as a part of the Waukesha County Alcohol Treatment Court understand that all information discussed during ATC staffings will be confidential.

No information discussed during ATC staffings will be discussed with those whom the participant has not signed a release for.

AGREEMENT MODIFICATIONS

Any individual Agency wishing to amend/modify this Agreement will notify the ATC Committee of the issue(s). The Alcohol Treatment Court Steering Committee will address that issue(s) for purposes of modifying/amending the issue(s). The issue will be decided by consensus (if possible) or by simple majority.

TERMINATION OF AGREEMENT

Individual Agencies contemplating termination of their participation in the Agreement shall first notify the Alcohol Treatment Court Steering Committee of their concern. The Steering Committee will attempt to resolve the problem to ensure continuation of the Alcohol Treatment Court. If unable to resolve the problem, the individual Agency or Department can exercise its rights to terminate this agreement by notifying all other Agencies in writing a minimum of 90 days prior to such termination.

IN WITNESS THEREOF, the parties have caused their duly authorized representative to execute this agreement.

SIGNATURES

DATE

District Attorney

____/____/____

Public Defender

____/____/____

Department of Correction/Huber/Sheriff

____/____/____

Treatment Provider

____/____/____

Program Coordinator

____/____/____

Case Manager

____/____/____

ATC Judge

____/____/____

Evaluator

____/____/____

Addiction Resource Council (ARC)

____/____/____

Steering Committee (CJCC)

____/____/____

Wisconsin Community Services (WCS)

____/____/____